

**SAN JOAQUIN COUNTY CLINICS PUBLIC BENEFIT CORPORATION**

**BOARD MEETING AGENDA**

**10100 Trinity Parkway, Suite 100, Stockton, CA 95219**

**January 27, 2026, 5:30 P.M.**

Board Members: Brian Heck, Samantha Monks, Jayvin Herrejon, Cassandra Lacondeguy, Rick Ledo, Jodie Moreno, James Myers, Mark Myles, David Ziolkowski, Nora Hana, Destiny Easter, Patricia Barrett

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*Note: Livestreaming for the public is listening and monitoring only. Remote presenters will only be granted access during their presentation time to the Board. \*Full link available by accessing the agenda at [www.sjhealth.org](http://www.sjhealth.org)*

Persons who require disability-related accommodation to participate in this meeting, please contact San Joaquin Health Centers at (209) 953-3711 prior to the scheduled meeting time.

**1. COMMENCEMENT OF MEETING/ROLL CALL**

**2. PUBLIC COMMENT**

The public is welcome to address the Board during this time on matters within the Board's jurisdiction. Members of the public are encouraged to complete a Public Comment form, which can be found near the entry of the Board Room. Speakers are limited to three minutes and are expected to be civil and courteous. Public comment on items listed on the agenda may be heard at this time, or when the item is called at the discretion of the Chair.

Except as otherwise permitted by the Ralph M. Brown Act (California Government Code Section 54950 et seq.), no deliberation, discussion or action may be taken by the Board on items not listed on the agenda. Members of the Board may but are not required to: (1) briefly respond to statements made or questions posed by persons addressing the Board; (2) ask a brief question for clarification; or (3) refer the matter to staff for further information.

**3. CONSENT CALENDAR**

- 3.1 Approve Minutes of Board Meeting December 16, 2025
- 3.2 Approve Minutes of Special Board Meeting January 15, 2026
- 3.3 Accept Credentialing Report for January 2026

**4. ACTION ITEMS**

- 4.1 Approval of Appointment of Project Director
- 4.2 Appointment of Proposed Board Member – Cymone Reyes
- 4.3 Finance Report
- 4.4 BeWell Construction Fiscal Approval  
Genevieve G. Valentine, Health Care Services Director  
Dr. Diulio, Chief Medical Officer

***Board to consider and take possible action***

5. **DISCUSSION ITEMS**
  - 5.1 Chair Report
  - 5.2 CMO Report
  - 5.3 CEO Report
  - 5.4 Vision of SJ Health in Relation to HCS
6. **BOARD COMMENTS**
  - 6.1 Comments from Board
7. **CALENDAR**
  - 7.1 Board meeting February 24, 2026, at 5:30pm
8. **ADJOURNMENT**

**Minutes of December 16, 2025**  
**San Joaquin Health Centers Board of Directors**

**Board Members Present:** Brian Heck (Board Chair), Rick Ledo, James Myers, Nora Hana, Cassandra Lacondeguy, Jayvin Herrejon, Samantha Monks (Treasurer), Jodie Moreno (virtual), David Ziolkowski (late), Patricia Barrett

**Excused Absent:** Mark Myles

**Unexcused Absent:** None

**SJHC Staff:** Matt Garber (Interim CEO); Jonathon Diulio, Ahad Yousuf, Rachna Sharma

**Guests:** Sandy Regalo, Brandi Hopkins, Genevieve Valentine

**Legal Counsel:** Quendrith Macedo

| AGENDA ITEM   | ATTACHMENTS  | ACTION  |
|---|--|---|
| I. <b>Commencement/Call to Order (Brian Heck)</b><br>1. The meeting was called to order at 5:31 p.m. A quorum was established for today's meeting.  | No attachment  | No action required  |
| II. <b>Public Comment</b><br>No public comment.   | No attachment  | No action required  |
| III. <b>Consent Calendar (Brian Heck)</b><br>1. The consent calendar for December 16, 2025, was presented; Credentialing & Privileging Report for Oct, Nov & Dec 2025; Minutes of Board Meeting 11-18-2025; Minutes of Finance Meeting 10-28-25   | Credentialing Report<br>Attached<br><br>Minutes Posted | 1. Ledo motioned to accept; Hana seconded; motion passed 5-0  |
| IV. <b>Action Items (Brian Heck)</b><br>1. Board candidate Destiny Easter was presented for consideration to grant full membership<br><br>2. Board candidate Patricia Barrett was presented for consideration to grant full membership<br><br>3. The Board was asked to accept the Credentialing Report for Oct, Nov & Dec 2025 | No attachment  | 1. Myers motioned to accept; Ledo seconded; motion passed 6-0<br><br>2. Myers motioned to accept; Ledo seconded; motion passed 6-0<br><br>3. Barrett motioned to accept; Ziolkowski seconded; motion passed 7-0 |
| V. <b>Discussion Items (Brian Heck)</b><br>1. CMO REPORT<br><br>2. CEO Report   | CMO Report attached<br><br>CEO Report attached         | No action required  |
| VI. <b>Board Comments</b><br>Jodie noted her and Samantha's Board term expired 10/31/2025<br><br>Neither member had voted on items so no ratification needed; will place re-appointment on next agenda  | No attachments   | No action required  |

|  |                |                    |
|--|----------------|--------------------|
| Question was asked about roll call vote; Council advised roll call voted was not needed when voting on consent or action items             |                |                    |
| Chair Heck mentioned the possibility of a Special meeting to interview Project Director  |                |                    |
| <b>VII. <u>Calendar (Brian Heck)</u></b><br>The next board meeting will be January 27, 2026, at 5:30pm.                                    | No attachments | No action required |
| <b>VIII. <u>Adjournment (Brian Heck)</u></b><br>There being no further topics of discussion, Brian Heck adjourned the meeting at 6:18 p.m. | No attachments | No action required |

**INITIAL APPOINTMENTS****October 2025**

The following practitioners have applied for membership and privileges at San Joaquin Health Centers. The following summary includes factors that determine membership: licensure, DEA, professional liability insurance, required certifications (if applicable), etc. Factors that determine competency include medical/professional education, internship/residencies/fellowships, board certification (if applicable), current and previous institutional affiliations, physical and mental health status, peer references, and past or pending professional disciplinary action. The applicants meet the requirements for membership unless noted below.

| Membership Request                  | Name                | Specialty/<br>Assigned<br>Div/Dept | Competency / Privilege Review     | Proctoring<br>Required | Proctor            | Rec Status/Term  | Recommend          |
|-------------------------------------|---------------------|------------------------------------|-----------------------------------|------------------------|--------------------|--|--------------------|
| INITIAL APPOINTMENT<br>October 2025 | Mary Papazoglou CNM | CNM                                | Requirements for active staff met | None                   | Active 10/25-09/26 | CRED: 10/10/2025<br>MED: 10/15/2025<br>BOARD: 10/28/2025 | SJHEALTH MED STAFF |

**REAPPOINTMENTS****October 2025**

The following practitioners have applied for reappointment to the Medical Staff of San Joaquin Health Centers. This summary includes factors that determine membership: licensure, DEA, professional liability insurance, hospital affiliations, etc. Qualitative/quantitative factors include ongoing performance evaluation which includes data from peer review, quality performance, clinical activity, privileges, competence, technical skill, behavior, health status, medical records, blood review, medication usage, litigation history, utilization and continuity of care. Affiliations, physical and mental health status, peer references, and past or pending professional disciplinary action. All the applicants privilege request commensurate with training, experience and current competence unless noted below.

| Membership Request            | Name                   | Specialty/<br>Assigned Div/Dept | Quantitative/Qualitative Factors Request for Privileges<br>and/or Privilege Change | Action<br>Taken/Rec.<br>Exceptions<br>for Cause | Rec. Staff Category/<br>Reappoint Period | Recommend  | Credentialing Dept |
|-------------------------------|------------------------|---------------------------------|--|---|--|--|--------------------|
| REAPPOINTMENT<br>October 2025 | Amarpreet Everest MD   | Family Medicine                 | Requirements for active staff met  | None  | Active 10/25-10/27                       | CRED: 10/10/2025<br>MED: 10/15/2025<br>BOARD: 10/28/2025 | SJHEALTH MED STAFF |
| REAPPOINTMENT<br>October 2025 | Jeanine Radoc MD       | Family Medicine                 | Requirements for active staff met  | None  | Active 10/25-10/27                       | CRED: 10/10/2025<br>MED: 10/15/2025<br>BOARD: 10/28/2025 | SJHEALTH MED STAFF |
| REAPPOINTMENT<br>October 2025 | Patara Rojanavongse MD | Pediatrics                      | Requirements for active staff met  | None  | Active 10/25-10/27                       | CRED: 10/10/2025<br>MED: 10/15/2025<br>BOARD: 10/28/2025 | SJHEALTH MED STAFF |
| REAPPOINTMENT<br>October 2025 | Shailaja Munagala MD   | Family Medicine                 | Requirements for active staff met  | None  | Active 10/25-10/27                       | CRED: 10/10/2025<br>MED: 10/15/2025<br>BOARD: 10/28/2025 | SJHEALTH MED STAFF |

**RESIGNATIONS**  
**October 2025**

| <b>Name</b>        | <b>Reason for Resignation:</b> | <b>Effective Date of Resignation</b> |
|--------------------|--------------------------------|--------------------------------------|
| Barbara Walston NP | Other employment opportunity   | 10/31/2025                           |
| Dung Le LCSW       | unknown                        | 10/10/2025                           |
| Lukas Warren CNM   | Relocating for Family          | 10/17/2025                           |

**INITIAL APPOINTMENTS****November 2025**

The following practitioners have applied for membership and privileges at San Joaquin Health Centers. The following summary includes factors that determine membership: licensure, DEA, professional liability insurance, required certifications (if applicable), etc. Factors that determine competency include medical/professional education, internship/residencies/fellowships, board certification (if applicable), current and previous institutional affiliations, physical and mental health status, peer references, and past or pending professional disciplinary action. The applicants meet the requirements for membership unless noted below.

| Membership Request                   | Name                | Specialty/<br>Assigned<br>Div/Dept | Competency / Privilege Review     | Proctoring<br>Required |                     |  | Rec Status/Term    | Recommend |
|--------------------------------------|---------------------|------------------------------------|-----------------------------------|------------------------|---------------------|--|--------------------|-----------|
|                                      |                     |                                    |                                   | Proctor                | Rec Status/Term     | Recommend  |                    |           |
| INITIAL APPOINTMENT<br>November 2025 | Tiffany Nguyen MD   | Pediatrician                       | Requirements for active staff met | None                   | Active 11/25-011/26 | CRED: 11/10/2025<br>MED: 11/12/2025<br>BOARD: 11/18/2025 | SJHEALTH MED STAFF |           |
| INITIAL APPOINTMENT<br>November 2025 | Sailaja Kalidasu MD | Primary Medicine                   | Requirements for active staff met | None                   | Active 11/25-011/26 | CRED: 11/10/2025<br>MED: 11/12/2025<br>BOARD: 11/18/2025 | SJHEALTH MED STAFF |           |
| INITIAL APPOINTMENT<br>November 2025 | Parminder Dheri NP  | Nurse Practitioner                 | Requirements for active staff met | None                   | Active 11/25-011/26 | CRED: 11/10/2025<br>MED: 11/12/2025<br>BOARD: 11/18/2025 | SJHEALTH MED STAFF |           |

**INITIAL APPOINTMENTS****December 2025**

The following practitioners have applied for membership and privileges at San Joaquin Health Centers. The following summary includes factors that determine membership: licensure, DEA, professional liability insurance, required certifications (if applicable), etc. Factors that determine competency include medical/professional education, internship/residencies/fellowships, board certification (if applicable), current and previous institutional affiliations, physical and mental health status, peer references, and past or pending professional disciplinary action. The applicants meet the requirements for membership unless noted below.

| Membership Request                   | Name                   | Specialty/<br>Assigned<br>Div/Dept | Competency / Privilege Review     | Proctoring<br>Required | Proctor             | Rec Status/Term  | Recommend          |
|--------------------------------------|------------------------|------------------------------------|-----------------------------------|------------------------|---------------------|--|--------------------|
| INITIAL APPOINTMENT<br>December 2025 | Victor Nwaoha NP       | Nurse Practitioner                 | Requirements for active staff met | None                   | Active 12/25-012/26 | CRED: 12/10/2025<br>MED: 12/10/2025<br>BOARD: 12/16/2025 | SJHEALTH MED STAFF |
| INITIAL APPOINTMENT<br>December 2025 | Rowena Villamoor NP    | Nurse Practitioner                 | Requirements for active staff met | None                   | Active 12/25-012/26 | CRED: 12/10/2025<br>MED: 12/10/2025<br>BOARD: 12/16/2025 | SJHEALTH MED STAFF |
| INITIAL APPOINTMENT<br>December 2025 | Navrattan Ranauta NP   | Nurse Practitioner                 | Requirements for active staff met | None                   | Active 12/25-012/26 | CRED: 12/10/2025<br>MED: 12/10/2025<br>BOARD: 12/16/2025 | SJHEALTH MED STAFF |
| INITIAL APPOINTMENT<br>December 2025 | LisaMarie Sanchez LCSW | Licensed Clinical Social Worker    | Requirements for active staff met | None                   | Active 12/25-012/26 | CRED: 12/10/2025<br>MED: 12/10/2025<br>BOARD: 12/16/2025 | SJHEALTH MED STAFF |

**REAPPOINTMENTS****December 2025**

The following practitioners have applied for reappointment to the Medical Staff of San Joaquin Health Centers. This summary includes factors that determine membership: licensure, DEA, professional liability insurance, hospital affiliations, etc. Qualitative/quantitative factors include ongoing performance evaluation which includes data from peer review, quality performance, clinical activity, privileges, competence, technical skill, behavior, health status, medical records, blood review, medication usage, litigation history, utilization and continuity of care. Affiliations, physical and mental health status, peer references, and past or pending professional disciplinary action. All the applicants privilege request commensurate with training, experience and current competence unless noted below.

| Membership Request              | Name              | Specialty/<br>Assigned Div/Dept   | Quantitative/Qualitative Factors Request for Privileges<br>and/or Privilege Change | Action<br>Taken/Rec.<br>Exceptions<br>for Cause | Rec. Staff Category/<br>Reappoint Period | Recommend  | Credentialing Dept |
|---------------------------------|-------------------|-----------------------------------|--|---|--|--|--------------------|
| REAPPOINTMENT<br>September 2025 | David Birdsall MD | Emergency Medicine<br>Tele-Health | Requirements for active staff met  | None  | Active 12/25-12/27                       | CRED: 12/10/2025<br>MED: 12/10/2025<br>BOARD: 12/16/2025 | SJHEALTH MED STAFF |

## CMO REPORT – DECEMBER 2025

Over the past month we have continued strengthening operations, partnerships, and clinical coverage across SJ Health. We recently provided Board Chair Brian a full tour of our French Camp primary care and specialty clinics, highlighting our service lines and introducing him to the available clinical and meeting spaces, including a conference room that could accommodate future Board activities in French Camp. We remained open on Black Friday to offer newborn care and walk-in access.

From December 3–5, Mary Lou, Ahad, Matt, and I attended the CAPH/SNI Annual Conference in San Diego, which focused on statewide initiatives in quality improvement, access, workforce development, and delivery system redesign. On December 9, Genevieve, Matt, and I attended the Board of Supervisors holiday dinner. On December 11, we hosted leadership from UC Davis School of Medicine to explore the possibility of establishing San Joaquin County (SJ Health, SJGH, and St. Joseph's Medical Center collectively) as a satellite site for UC Davis medical students. The concept would begin with a small cohort—potentially six students per year—with the opportunity to scale over time. These are early exploratory discussions but represent a meaningful long-term opportunity for workforce development.

Recruitment continues to progress. Since the last report, a hybrid pediatrician began in late November, and an Internal Medicine physician joined us this month. We are onboarding four full-time nurse practitioners and a full-time LCSW in December, which strengthens primary care, mobile services, and counseling. We have also extended a conditional job offer to a pediatrician from Texas, and we are arranging tours for an Internal Medicine resident and a Family Medicine physician candidate. One NP who started at Manteca in September resigned; recruitment efforts for that position are underway. CEO/Project Director screening interviews are tentatively scheduled for December 19.

Daily visit volumes remain strong, consistently exceeding 500 visits per day, even as two locum contracts are being phased out and several new providers have not yet ramped up. Seasonal illness has increased demand, but access remains stable. We also hosted a mammography screening event this past Saturday at our Stockton location, which provided expanded weekend access for preventive care. We are repainting exam rooms in Stockton and French Camp one room at a time to minimize disruption. In pediatrics, we have blocked Dr. Williams' schedule for sick-visit access twice weekly to support families during the cold and flu season.

Operationally, we are working with HR and our labor partners to reinforce expectations around provider punctuality and the need for providers to be present on-site for their full

scheduled shifts. This includes OB/GYN coverage, where early departures have impacted continuity and admit availability. Finally, Ahad and I met with HPSJ regarding a new eConsult platform that offers specialty input within two business days, including dermatology capabilities using a clinic-based camera system. This platform has the potential to reduce unnecessary specialty referrals and improve timely access to specialty guidance for our patients.

## **CEO Report – December 2025**

Over the past month, our efforts have remained focused on operational stabilization, improving access, advancing quality outcomes, and preparing for strategic growth. Key updates are summarized below.

### **Operational and Access Performance**

Clinic operations continue to strengthen with sustained leadership engagement and standardized workflows. Daily visits for Nov averaged 570, representing an 18% increase from prior month. Total checked-out visits for November were 9,571, compared to 11,539 in October. This is mainly due to clinic closure from the holidays observed this month. Year-over-year, November 2025 visits remained consistent with November 2024 (9,861). Slot utilization remains strong at 75% in November (up from 72.6% last year), reflecting improved scheduling practices and template discipline. No-show rates in November were 23.2%, an improvement from 24% last year.

Key initiatives starting this month and early next year include Luma optimization to facilitate outreach to assigned, unseen, implementation of the CMC dental van at French Camp, Cerner empanelment tool moving to production in mid-January, and a new e-consult program sponsored by HPSJ to enhance timely access to specialty guidance.

Progress continues on the Lodi Access Center clinic. The architecture agreement is under review with General Services, Capital Projects and Purchasing, with the construction agreement planned for execution immediately thereafter. The lease agreement will be subsequently executed, after which the Notice of Federal Interest will be filed with the County's Recorder's Office and notice submitted to HRSA. The full renovation and construction of the clinic remain on track, with completion anticipated by Fall 2026.

### **Workforce and Recruitment**

Covered in CMO report.

### **Quality and Program Advancement**

Quality initiatives remain strong. Gap-closure activities, incentive-based patient engagement, and targeted provider education continue to drive measurable improvement.

### **HRSA Compliance**

UDS 2025 reporting efforts have commenced, and full report will be submitted to HRSA in Feb 2026.

As per HRSA BPHC, LAL redesignation has been postponed by a year and is due 12/2026. In lieu of redesignation submission, HRSA instructed submission of LAL annual certification which was submitted in the EHB in Oct 2025.

The following policies/procedures will need to be reviewed by the Board in 2026:

1. Billing and Collections (Fiscal Policies) – 9/22/2026
2. Sliding Fee Discount Program and Schedule – 11/6/2026
3. Quality Improvement/Assurance Program Policies – 4/25/2026

### **Strategic Planning and Partnerships**

Development of the 2025–2028 Strategic Plan is progressing in collaboration with Gary Bess Associates and County partners, with alignment around access, workforce, service excellence, and integration. Governance training and coordination with the County's systemwide integration discussions remain underway. Gary Bess will present draft components to the Board in early Q1 2026.

### **Closing Summary**

The organization continues to make steady, meaningful progress in strengthening operations, improving access and quality outcomes, and advancing long-term strategic alignment. These efforts position us well for continued stabilization and growth in 2026.

**Minutes of January 15, 2026**  
**San Joaquin Health Centers Special Board of Directors Meeting**

**Board Members Present:** Brian Heck (Board Chair), Rick Ledo, James Myers, Nora Hana, Cassandra Lacondeguy, Jayvin Herrejon, Samantha Monks (Treasurer), Jodie Moreno (virtual), Mark Myles, Destiny Easter

**Excused Absent:** Patricia Barrett, David Ziolkowski

**Unexcused Absent:** None

**SJHC Staff:** Matt Garber (Interim CEO); Jonathon Diulio

**Guests:** Brandi Hopkins (virtual), Genevieve Valentine

**Legal Counsel:** Quendrith Macedo

| AGENDA ITEM   | ATTACHMENTS   | ACTION   |
|---|---------------|--|
| I. <u>Commencement/Call to Order (Brian Heck)</u><br>1. The meeting was called to order at 5:31 p.m. A quorum was established for today's meeting.  | No attachment | No action required   |
| II. <u>Public Comment</u><br>No public comment.   | No attachment | No action required   |
| III. <u>Action Items (Brian Heck)</u><br>1. Re-appointment of Board Member – Samantha Monks<br><br>2. Re-appointment of Board Member – Jodie Moreno | No attachment | 1. Myers motioned to accept; Ledo seconded; motion passed unanimously 8-0<br><br>2. Myles motioned; Herrejon seconded; motion passed unanimously 9-0 |
| IV. <u>Board Comments</u><br>No Board Comments  | No attachment | No action required   |
| V. <u>Closed Session</u><br>1. Motion to offer position and direct Human Resources to negotiate salary  | No attachment | 1. Myles motioned; Myers seconded; motion passed unanimously 10-0  |
| VI. <u>Calendar (Brian Heck)</u><br>The next board meeting will be January 27, 2026, at 5:30pm.   | No attachment | No action required   |
| VII. <u>Adjournment (Brian Heck)</u><br>There being no further topics of discussion, Brian Heck adjourned the meeting at 6:50 p.m.                  | No attachment | No action required   |

**REAPPOINTMENTS****January 2026**

The following practitioners have applied for reappointment to the Medical Staff of San Joaquin Health Centers. This summary includes factors that determine membership: licensure, DEA, professional liability insurance, hospital affiliations, etc. Qualitative/quantitative factors include ongoing performance evaluation which includes data from peer review, quality performance, clinical activity, privileges, competence, technical skill, behavior, health status, medical records, blood review, medication usage, litigation history, utilization and continuity of care. Affiliations, physical and mental health status, peer references, and past or pending professional disciplinary action. All the applicants privilege request commensurate with training, experience and current competence unless noted below.

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|-------------------------------|---------------------|---------------------------------|--|---|--|--|--------------------|
| REAPPOINTMENT<br>January 2026 | Alfred Troncales MD | Pediatrics                      | Requirements for active staff met  | None  | Active 01/26-01/28                       | CRED: 01/10/2026<br>MED: 01/21/2026<br>BOARD: 01/27/2026 | SJHEALTH MED STAFF |
| REAPPOINTMENT<br>January 2026 | Lindsay Allen PA    | Tele-Urgent Care                | Requirements for active staff met  | None  | Active 01/26-01/28                       | CRED: 01/10/2026<br>MED: 01/21/2026<br>BOARD: 01/27/2026 | SJHEALTH MED STAFF |

# **SAN JOAQUIN HEALTH CENTERS**

## **FINANCE PRESENTATION**

### **NOVEMBER 2025 FINANCIAL STATEMENTS**

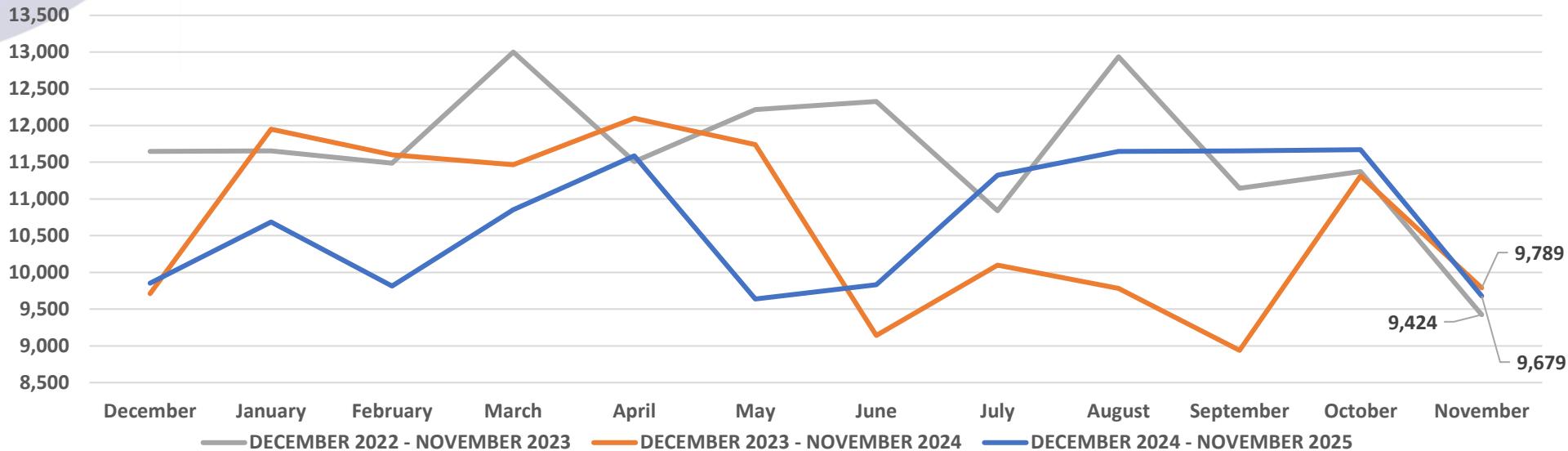
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Rachna Sharma

Controller

Presentation Date: 1/27/2026

## 36-MONTH BILLABLE VISIT TRENDS (BY DOS)



| FY26 Visits By Financial Class | Actual  |
|--------------------------------|---------|
| Medi-Cal Managed Care          | 78.28%  |
| Medicare                       | 11.57%  |
| Medi-Cal                       | 5.99%   |
| Commercial                     | 2.97%   |
| Self-Pay                       | 1.19%   |
| Total                          | 100.00% |

| FY26 Month | Actual | Budget | Variance |
|------------|--------|--------|----------|
| Jul-25     | 11,323 | 11,586 | (263)    |
| Aug-25     | 11,649 | 11,062 | 587      |
| Sep-25     | 11,653 | 11,052 | 601      |
| Oct-25     | 11,671 | 12,109 | (438)    |
| Nov-25     | 9,679  | 8,956  | 723      |
| Total      | 55,975 | 54,765 | 1,210    |

# SJ HEALTH INCOME STATEMENT – NOVEMBER 2025

|                                | Current Period<br>Actual | Current Period<br>Budget - Original | Current Period Budget<br>Variance - Original | Current Year<br>Actual | YTD Budget -<br>Original | YTD Budget<br>Variance - Original |
|--------------------------------|--------------------------|-------------------------------------|--|------------------------|--------------------------|-----------------------------------|
| <b>Operating Revenue</b>       |                          |                                     |  |                        |                          |                                   |
| Net Patient Service Revenue    | 1,849,629                | 1,668,297                           | 181,332                                      | 10,409,231             | 10,054,907               | 354,324                           |
| Supplemental Revenue           | 2,280,922                | 2,280,922                           | 0  | 11,404,612             | 11,404,612               | 0                                 |
| Capitation Revenue             | 428,978                  | 458,333                             | (29,355)                                     | 2,227,022              | 2,291,667                | (64,645)                          |
| Managed Care Incentives        | 79,000                   | 679,000                             | (600,000)                                    | 395,000                | 995,000                  | (600,000)                         |
| Grant Revenue                  | 94,426                   | 41,719                              | 52,708                                       | 438,583                | 208,593                  | 229,990                           |
| 340B Pharmacy Program          | 212,875                  | 233,333                             | (20,458)                                     | 1,128,474              | 1,166,667                | (38,193)                          |
| MOU & Other Income             | 49,948                   | 64,556                              | (14,608)                                     | 826,016                | 757,944                  | 68,072                            |
| <b>Total Operating Revenue</b> | <b>4,995,779</b>         | <b>5,426,160</b>                    | <b>(430,381)</b>                             | <b>26,828,938</b>      | <b>26,879,390</b>        | <b>(50,452)</b>                   |
| <b>Expenditures</b>            |                          |                                     |  |                        |                          |                                   |
| Salaries & Wages               | 1,595,368                | 2,280,711                           | 685,343                                      | 8,733,711              | 12,245,944               | 3,512,233                         |
| Employee Benefits              | 806,695                  | 1,232,368                           | 425,674                                      | 4,301,550              | 6,645,204                | 2,343,653                         |
| Professional Fees              | 509,636                  | 541,653                             | 32,016                                       | 2,872,823              | 2,708,263                | (164,560)                         |
| Purchased Services             | 262,527                  | 267,577                             | 5,050  | 1,270,429              | 1,337,885                | 67,456                            |
| Supplies                       | 175,081                  | 160,577                             | (14,503)                                     | 985,180                | 802,887                  | (182,293)                         |
| Depreciation                   | 56,999                   | 53,608                              | (3,391)                                      | 315,450                | 268,039                  | (47,411)                          |
| Interest                       | 1,305                    | 1,219                               | (86)   | 7,082                  | 6,094                    | (988)                             |
| Office Expense                 | 1,427                    | 1,667                               | 240  | 7,555                  | 8,334                    | 778                               |
| Dues, Subscription & Fees      | 134,402                  | 127,119                             | (7,283)                                      | 686,009                | 635,594                  | (50,415)                          |
| Repairs & Maintenance          | 65,710                   | 65,525                              | (185)  | 330,089                | 327,625                  | (2,464)                           |
| Telephone & Internet           | 13,511                   | 20,599                              | 7,088  | 75,341                 | 102,996                  | 27,655                            |
| Advertising & Promotions       | 713                      | 5,024                               | 4,311  | 12,699                 | 25,118                   | 12,418                            |
| Travel & Training              | 40,333                   | 33,162                              | (7,172)                                      | 246,241                | 165,808                  | (80,433)                          |
| Insurance                      | 40,822                   | 35,120                              | (5,702)                                      | 207,722                | 175,602                  | (32,120)                          |
| Utilities                      | 121,030                  | 130,577                             | 9,547  | 605,001                | 652,885                  | 47,884                            |
| Rent                           | 110,493                  | 116,226                             | 5,733  | 556,660                | 581,128                  | 24,468                            |
| Miscellaneous                  | 68,568                   | 33,864                              | (34,704)                                     | 276,075                | 169,319                  | (106,757)                         |
| <b>Total Expenditures</b>      | <b>4,004,618</b>         | <b>5,106,594</b>                    | <b>1,101,976</b>                             | <b>21,489,618</b>      | <b>26,858,723</b>        | <b>5,369,105</b>                  |
| <b>Net Income(Loss)</b>        | <b>991,161</b>           | <b>319,567</b>                      | <b>671,594</b>                               | <b>5,339,320</b>       | <b>20,667</b>            | <b>5,318,654</b>                  |

# SJ HEALTH INCOME STATEMENT VARIANCE ANALYSIS NOVEMBER 2025

## (ONLY VARIANCES WITH +/- 10% ARE REPRESENTED)

| Income Statement Grouping   | Current Period | Current Period    | Current Period    |          | %  | November 2025 - Variance Explanations |  |
|-----------------------------|----------------|-------------------|-------------------|----------|--|---------------------------------------|--|
|                             | Actual         | Budget - Original | Budget Variance - | Original |  |                                       |  |
| <b>Revenues</b>             |                |                   |                   |          |  |                                       |  |
| Net Patient Service Revenue | 1,849,629      | 1,668,297         | 181,332           | 11%      | Favorable variance mainly due to visits being higher than budget by 723 visits.  |                                       |  |
| Managed Care Incentives     | 79,000         | 679,000           | (600,000)         | -88%     | Unfavorable mainly due to budgeted \$600K PCP Hedis Incentive payment for CY2024 and actual payment not received yet.  |                                       |  |
| Grant Revenue               | 94,426         | 41,719            | 52,708            | 126%     | Favorable variance due to actual ARPA grant revenue higher than budget along with recognizing unbudgeted Binational Health grant revenue.  |                                       |  |
| MOU & Other Income          | 49,948         | 64,556            | (14,608)          | -23%     | Unfavorable variance due to budgeted interest income for \$15K not received yet.   |                                       |  |
| <b>Expenditures</b>         |                |                   |                   |          |  |                                       |  |
| Salaries & Wages            | 1,595,368      | 2,280,711         | 685,343           | 30%      | Favorable variance mainly related to vacancies. FY26 salaries and benefits budgeted at 100% employment. Actual Nov 2025 FTEs for direct hire positions are 188.17 compared to budgeted FTEs for 239. |                                       |  |
| Employee Benefits           | 806,695        | 1,232,368         | 425,674           | 35%      | Favorable variance mainly related to vacancies. FY26 salaries and benefits budgeted at 100% employment. Actual Nov 2025 FTEs for direct hire positions are 188.17 compared to budgeted FTEs for 239. |                                       |  |
| Telephone & Internet        | 13,511         | 20,599            | 7,088             | 34%      | Favorable due to actual telecommunication activity lower than budget.  |                                       |  |
| Advertising & Promotions    | 713            | 5,024             | 4,311             | 86%      | Favorable due to actual advertising activity lower than budget.  |                                       |  |
| Travel & Training           | 40,333         | 33,162            | (7,172)           | -22%     | Unfavorable variance due to higher than anticipated travel expenses related to contracted medical staff not budgeted.  |                                       |  |
| Insurance                   | 40,822         | 35,120            | (5,702)           | -16%     | Unfavorable variance mainly related to higher than anticipated malpractice insurance expenses for contracted medical staff.  |                                       |  |
| Miscellaneous               | 68,568         | 33,864            | (34,704)          | -102%    | Unfavorable variance related to higher than anticipated recruiting expenses and minor equipment expenses.  |                                       |  |

# SJ HEALTH INCOME STATEMENT VARIANCE ANALYSIS YTD FY26

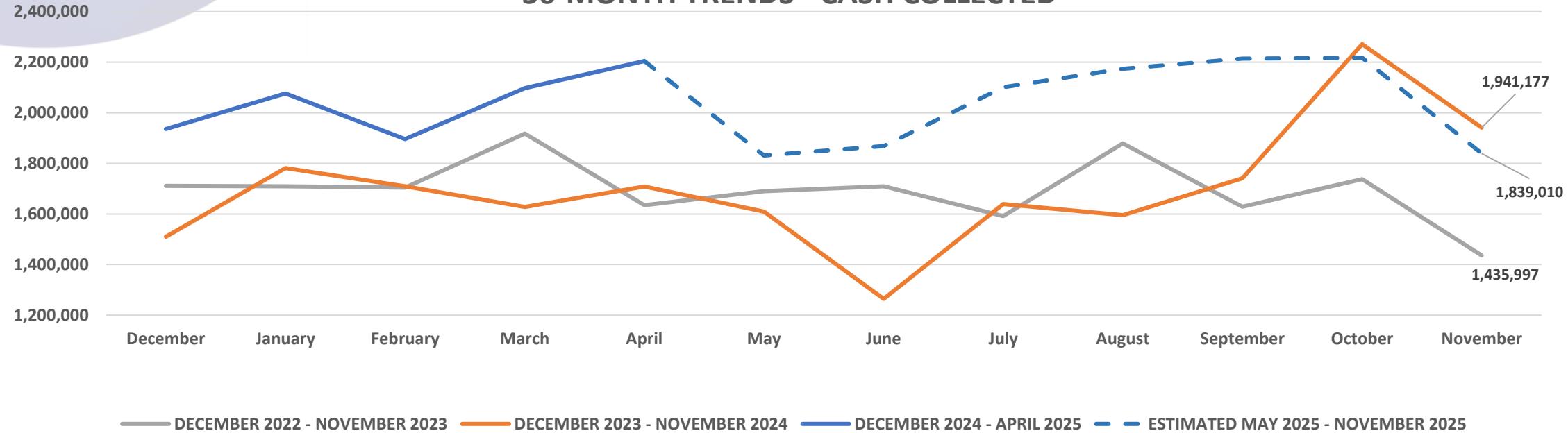
## (ONLY VARIANCES WITH +/- 10% ARE REPRESENTED)

| Income Statement Grouping   | Current Period |                   | Current Period |          | Budget Variance - %  | YTD - Variance Explanations |
|-----------------------------|----------------|-------------------|----------------|----------|--|-----------------------------|
|                             | Actual         | Budget - Original | Original       | Variance |  |                             |
| <b>Revenues</b>             |                |                   |                |          |  |                             |
| Net Patient Service Revenue | 10,409,231     | 10,054,907        | 354,324        | 4%       | Favorable variance mainly due to visits being higher than budget by 1,210 visits.  |                             |
| Managed Care Incentives     | 395,000        | 995,000           | (600,000)      | -60%     | Unfavorable mainly due to budgeted \$600K PCP Hedis Incentive payment for CY2024 and actual payment not received yet.  |                             |
| Grant Revenue               | 438,583        | 208,593           | 229,990        | 110%     | Favorable variance due to actual ARPA grant revenue higher than budget along with recognizing unbudgeted Binational Health grant revenue.  |                             |
| MOU & Other Income          | 826,016        | 757,944           | 68,072         | 9%       | Favorable variance due to interest income received being \$31K higher than budget and MOU chargeback revenue for \$36K higher than budget.   |                             |
| <b>Expenditures</b>         |                |                   |                |          |  |                             |
| Salaries & Wages            | 8,733,711      | 12,245,944        | 3,512,233      | 29%      | Favorable variance mainly related to vacancies. FY26 salaries and benefits budgeted at 100% employment. Actual Nov 2025 FTEs for direct hire positions are 188.17 compared to budgeted FTEs for 239. |                             |
| Employee Benefits           | 4,301,550      | 6,645,204         | 2,343,653      | 35%      | Favorable variance mainly related to vacancies. FY26 salaries and benefits budgeted at 100% employment. Actual Nov 2025 FTEs for direct hire positions are 188.17 compared to budgeted FTEs for 239. |                             |
| Supplies                    | 985,180        | 802,887           | (182,293)      | -23%     | Unfavorable variance mostly due to increase in other medical supplies expenses and pharmaceutical expenses related to the 340B pharmacy program.   |                             |
| Depreciation                | 315,450        | 268,039           | (47,411)       | -18%     | Unfavorable mainly due to unbudgeted depreciation expense for assets added.  |                             |
| Dues, Subscription & Fees   | 686,009        | 635,594           | (50,415)       | -8%      | Unfavorable variance mainly due to unbudgeted subscription costs along with higher than anticipated employees' license reimbursements and TPA fees for 340B pharmacy program.                        |                             |
| Telephone & Internet        | 75,341         | 102,996           | 27,655         | 27%      | Favorable due to actual telecommunication activity lower than budget.  |                             |
| Advertising & Promotions    | 12,699         | 25,118            | 12,418         | 49%      | Favorable variance mainly related to lower actual marketing activity than budgeted.  |                             |
| Travel & Training           | 246,241        | 165,808           | (80,433)       | -49%     | Unfavorable variance due to higher than anticipated travel expenses related to contracted medical staff not budgeted.  |                             |
| Insurance                   | 207,722        | 175,602           | (32,120)       | -18%     | Unfavorable variance mainly related to higher than anticipated malpractice insurance expenses for contracted medical staff.  |                             |
| Miscellaneous               | 276,075        | 169,319           | (106,757)      | -63%     | Unfavorable variance related to higher than anticipated recruiting expenses and minor equipment expenses.  |                             |

# SJ HEALTH BALANCE SHEET- NOVEMBER 2025

|                                  | FY2025<br>JUNE 30, 2025<br>(UNAUDITED) | FY2026<br>FQE<br>SEPTEMBER 30, 2025 | FY2026<br>OCTOBER 31, 2025 | FY2026<br>NOVEMBER 30, 2025 |
|----------------------------------|--|-------------------------------------|----------------------------|-----------------------------|
| <b>Assets</b>                    |  |                                     |                            |                             |
| Cash & Cash Equivalents          | 32,994,295                             | 32,464,668                          | 33,966,947                 | 32,268,616                  |
| Accounts Receivable              | 2,282,608                              | 2,123,851                           | 2,063,710                  | 1,662,914                   |
| Property & Equipment             | 2,323,595                              | 2,169,907                           | 2,065,144                  | 2,047,815                   |
| Other Assets                     | <u>15,901,518</u>                      | <u>21,608,100</u>                   | <u>22,570,880</u>          | <u>24,610,080</u>           |
| Total Assets                     | <u>53,502,017</u>                      | <u>58,366,527</u>                   | <u>60,666,680</u>          | <u>60,589,424</u>           |
| <b>Liabilities</b>               |  |                                     |                            |                             |
| Accounts Payable                 | 1,607,815                              | 860,296                             | 1,625,399                  | 1,512,089                   |
| Other Liabilities                | <u>5,947,579</u>                       | <u>8,175,594</u>                    | <u>8,746,499</u>           | <u>7,741,827</u>            |
| Total Liabilities                | <u>7,555,394</u>                       | <u>9,035,890</u>                    | <u>10,371,898</u>          | <u>9,253,916</u>            |
| <b>Net Assets</b>                |  |                                     |                            |                             |
| Unrestricted Net Assets          | 38,960,214                             | 44,274,146                          | 44,274,146                 | 44,274,146                  |
| Restricted Net Assets            | 1,672,477                              | 1,672,477                           | 1,672,477                  | 1,722,042                   |
| Current YTD Net Income           | <u>5,313,932</u>                       | <u>3,384,015</u>                    | <u>4,348,160</u>           | <u>5,339,320</u>            |
| Total Net Assets                 | <u>45,946,622</u>                      | <u>49,330,638</u>                   | <u>50,294,782</u>          | <u>51,335,509</u>           |
| Total Liabilities and Net Assets | <u>53,502,017</u>                      | <u>58,366,527</u>                   | <u>60,666,680</u>          | <u>60,589,424</u>           |

## 36-MONTH TRENDS - CASH COLLECTED



— DECEMBER 2022 - NOVEMBER 2023 — DECEMBER 2023 - NOVEMBER 2024 — DECEMBER 2024 - APRIL 2025 - - ESTIMATED MAY 2025 - NOVEMBER 2025

| FY26 Collections By Financial Class | %       |
|-------------------------------------|---------|
| Medicaid                            | 94.30%  |
| Medicare                            | 5.05%   |
| Commercial                          | 0.33%   |
| Self-Pay                            | 0.32%   |
| Total                               | 100.00% |

NOTE: COLLECTIONS FROM MAY 2025 THROUGH NOVEMBER 2025 HAVE BEEN ESTIMATED BASED ON THE HISTORICAL COLLECTIONS TREND. INCREASE IN COLLECTIONS FROM DECEMBER 2024 THROUGH NOVEMBER 2025 IS DUE TO THE IMPLEMENTATION OF INTERMITTENT CLINIC STRATEGY IN SEPTEMBER 2024.

# CAPITAL LINK FQHC FINANCIAL BENCHMARKS VS SJ HEALTH

| DATA SUMMARY  | CAPITAL LINK TARGET | 2023 NATIONAL MEDIAN | 2023 CALIFORNIA MEDIAN | SJ HEALTH FYTD FY25 (UNAUDITED) | SJ HEALTH FYTD FY26 |
|---|---------------------|----------------------|------------------------|---------------------------------|---------------------|
| <b>FINANCIAL HEALTH</b>   |                     |                      |                        |                                 |                     |
| <b>1 Operating Margin</b><br>As a % of Operating Revenue                | >3%                 | 4%                   | 5%                     | 10.1%                           | <b>19.9%</b>        |
| <b>2 Bottom Line Margin</b><br>As a % of Operating Revenue              | >3%                 | 6%                   | 6%                     | 10.1%                           | <b>19.9%</b>        |
| <b>3 Days Cash on Hand</b>  | >60 Days            | 105                  | 129                    | 259                             | <b>233</b>          |
| <b>4 Days in Net Patient Receivables</b>                                | <45 Days            | 36                   | 39                     | 37                              | <b>30</b>           |
| <b>5 Personnel-Related Expense (PRE)</b><br>As a % of Operating Revenue | <70%                | 69%                  | 72%                    | 72%                             | <b>64%</b>          |

# **SJHC BOARD MEMBER KEY FISCAL UNDERSTANDINGS**

- The historical 26K patient gap between panel size and panel seen represents SJHC's largest potential opportunity for revenue capture.
- YTD net income is favorable to budget by \$5.32M.
- YTD billable visits are favorable to budgeted billable visits by 1,210.
- \$1.7M have been recorded as Restricted Net Assets on the November 2025 financials.



## San Joaquin Health Centers

### Financial Statement Comments

November 2025

#### **Summary of FQHC Performance: Fiscal Year-to-Date**

Year-to-date (YTD) billable visits as of November are favorable to budget by 1,210 visits. Net Patient Service Revenues for November are favorable to budget by \$181,332 which is in line with the favorable billable visits for the month. YTD financials reflect an estimated PPS liability accrual of \$125,000. YTD financials include Medi-Cal payment for \$139,334 for FY2023 PPS liabilities due to DHCS. Also, YTD financials include Medi-Cal payment for \$307,979 for FY2022 PPS receivable due from DHCS.

Supplemental Revenue includes the recognition of estimated Quality Incentive Program (QIP) revenue of \$11,404,612. Also, YTD financials include Capitation Revenue for \$2,227,022 and 340B Pharmacy program revenue for \$1,128,474. Grant Revenues include ARPA and Binational Health grant revenues for \$438,583. YTD financials include estimated Hedis Gap Closure incentive revenues accrued for \$395,000 for July through November health care services.

Other Revenue includes revenues accrued for \$286,428 related to Purchased Services provided to SJGH by SJHC per the MOU. Interest income for \$539,361 has been reflected on the financials, which is favorable compared to budget by \$31,417.

Total Operating Revenue is unfavorable to budget by \$50,452 primarily due to favorable variance in revenues for \$652,386 related to patient services, SJGH Chargebacks per MOU, interest income, and grants higher than budget offset by unfavorable revenues for \$702,837 related to Physician Capitation, 340B Pharmacy Program, and HEDIS incentive revenue. FY26 budget includes \$600,000 related to the HEDIS incentive payment for CY2024 which has not been received yet as of November 2025.

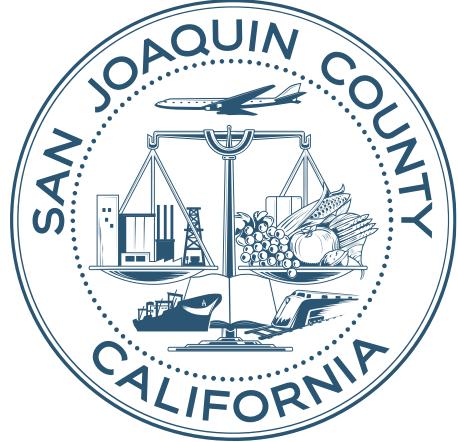
Salaries and Benefits expenses exhibit a favorable variance to budget by \$5,855,886 which is mainly related to vacant positions that have not filled yet. Salaries and Benefits expenses budgeted for FY26 are based on 100% employment. Recruitment efforts are ongoing to fill the vacant positions.

Other operating expenses exhibit an unfavorable variance of \$486,781 largely due to an unfavorable variance for \$667,441 for Professional Fees, Supplies, Depreciation, Interest, Dues, Repairs, Travel, Insurance and Miscellaneous expenses offset by a favorable variance of \$180,660 reflected in the Purchased Services, Office, Telephone, Advertising, Utilities, and Rent expense categories. An estimated accrual for the Purchased Services is recorded from July through November based on the MOU with the County for services purchased from San Joaquin General Hospital. YTD total Operating Expenditures are favorable to budget by \$5,369,105.

Unaudited, as presented, YTD Net Income of \$5,339,320 represents a favorable variance of \$5,318,654 as compared to budgeted Net Income of \$20,667. Net Income is favorable mainly due to the actual salaries and benefits expenses related to vacant positions that have not been filled yet and are included in FY26 budgeted expenses.

#### **Additional Factors Impacting FQHC Fiscal Results**

- Supplemental revenues are estimates based on current performance and statewide pool amounts for the California Department of Public Health Quality Incentive Pool Program.
- On SJ Health's balance sheet, deferred grant revenues amount to \$1,722,042 as of November 2025.

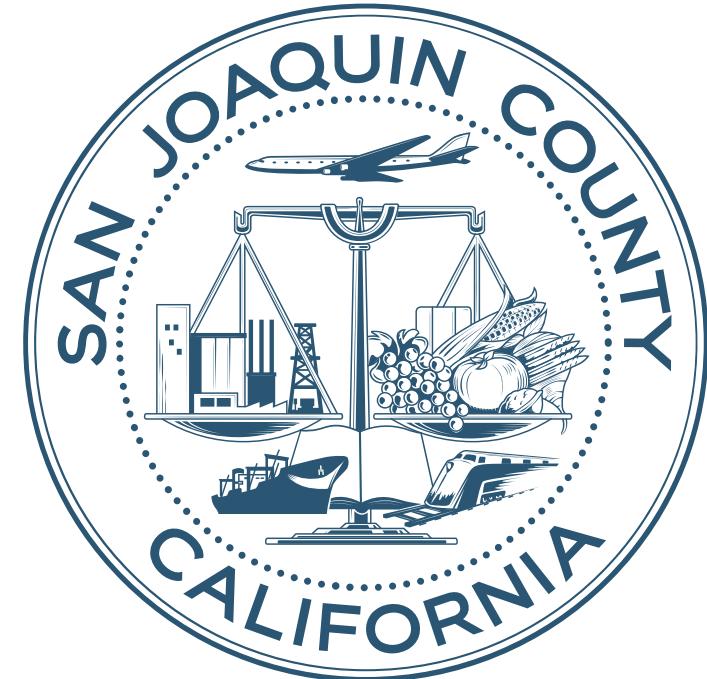


## **SJ BeWell Campus** ***Project Overview and SJCC Board Recommendation***

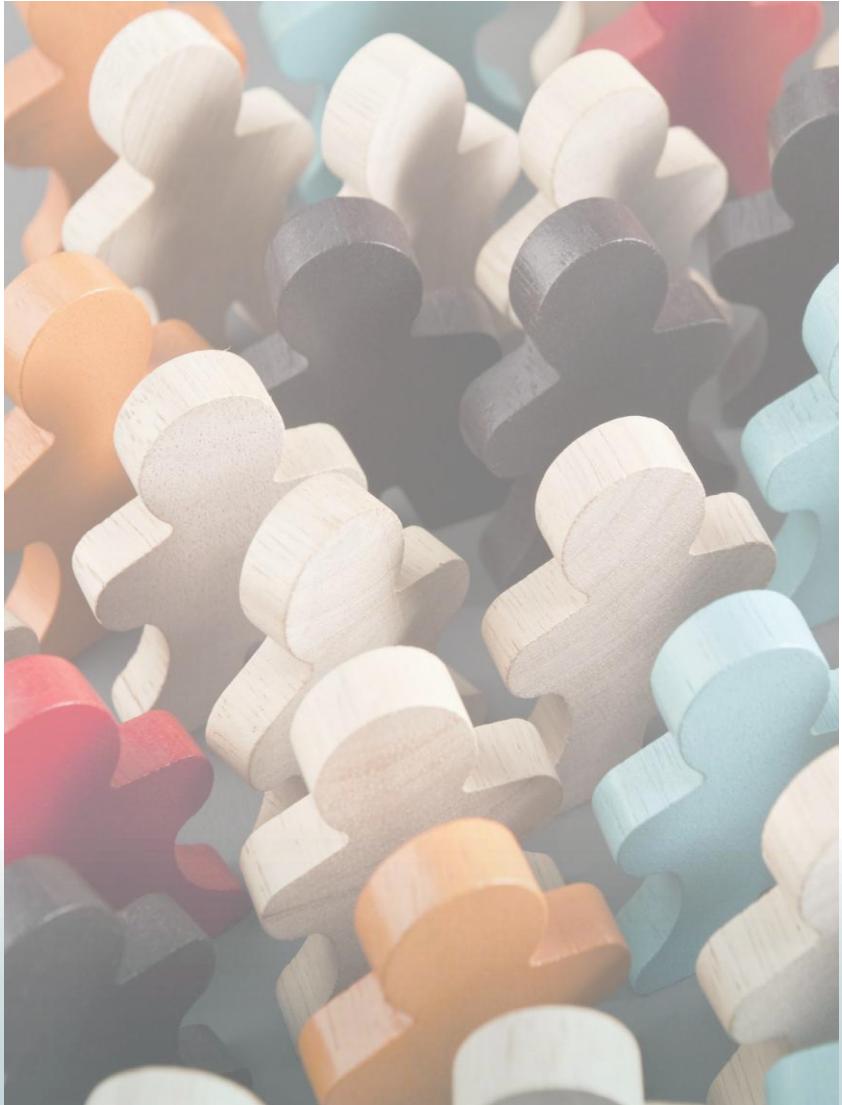
**By: Genevieve G. Valentine, LMFT**  
**SJC Health Care Services Director**  
**&**  
**Dr. Jonathon Duilio, CMO**  
**SJC Health Centers**

# Agenda

- Project Goals
- Campus Services & Program
- Project Phases & Campus Master Plan
- Estimated Costs per Phase (Overall)
- Project Timelines
- Board Recommendation and Action Item
- Questions



# GOALS



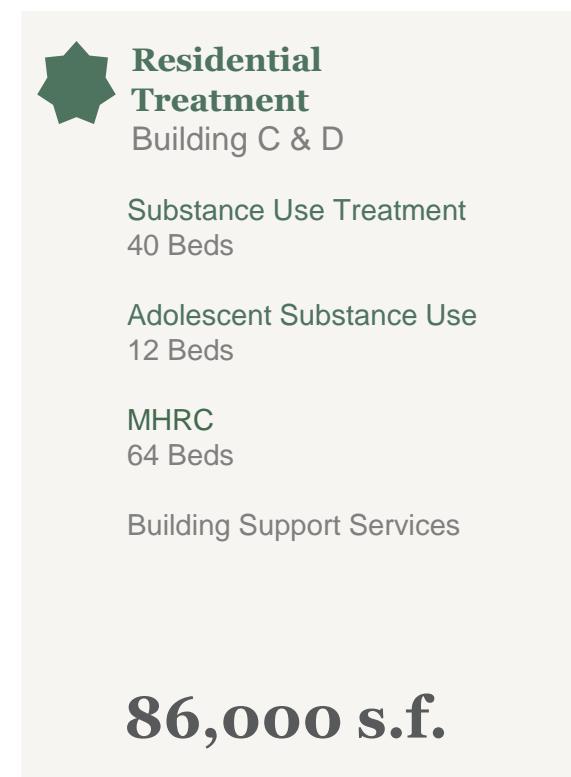
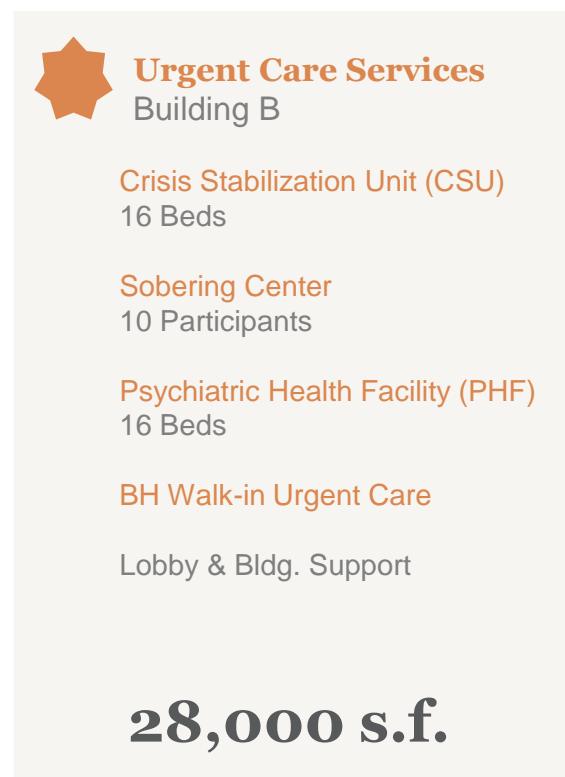
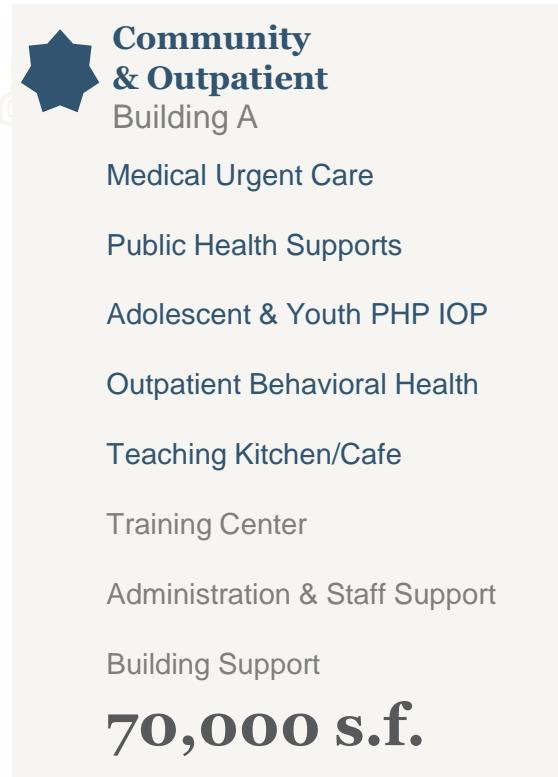
The following represent goals for the SJ BeWell master planned campus:

1. Improve Access and Advance Health Equity
2. Prioritize behavioral health (including SUD) as assigned “Highest Priority” ranking based on the 2022 and 2025 Community Health Assessment
3. Behavioral health access and health infrastructure named one of the top six priorities by San Joaquin County Board of Supervisors
4. Provide integrated health care in the right setting, improving access, outcomes, and lowering costs in San Joaquin County
5. Transform wellbeing for all. Create a campus that is welcoming, supportive, destigmatizes behavioral health
6. Promote healthy living by leveraging this campus to improve overall community well-being through a systems focused approach, rather than relying on individual behavior
7. Develop a campus setting via a phased based approach to support a variety of growing healthcare needs within San Joaquin County

# Program Summary: Phase 1

## South Campus/Phase 1:

Total GSF : 184,000 – 203,000



# Program Summary: Phase 2A

## North Campus/Phase 2A (BHCIP Round 2):

Total GSF : 53,350-62,750



### **Mental Health Outpatient Program (1<sup>st</sup> Floor) Social Rehab Facility (2<sup>nd</sup> Floor)**

Building E

Outpatient program focused on:

- Wellness
- Socialization
- Vocational skills

Teaching Kitchen (located in Building A)

Rehab Facility  
40 transitional housing beds

**38,000-45,600 s.f.**



### **12-Bed Peer Respite Facility**

Building F

Providing short-term supportive care for individuals experiencing a mental health pre-crisis

Transitional Age Youth (18-25yr old)  
6-bed unit

Adults (25+ yrs old)  
6-bed unit

**5,750-6,650 s.f.**



### **12-Bed Crisis Residential Facility**

Building G

Crisis Residential Facility (post crisis)  
12-bed unit

Home-like environment

Program provides:

- Training
- skill building
- Independent living
- Wellness
- Socialization
- Vocational rehabilitation
- Clinical treatment

**9,600-10,500 s.f.**

# Program Summary Phase 2B

## North Campus/Phase 2B:

Total GSF : 4,800 – 6,000 s.f



### Tiny Home Village

#### 10 Units, plus Community Center

- 6 Studios
- 4 2-bedrooms

Providing short-term transitional housing.

4 Studios will be assigned to those in the BHS/DA Incompetent to Stand Trial (IST) program.

HHAP 5 Grant ask: \$1.4m

BHS IST Fund: \$200k (already approved by state)

\*Separate RFP was released for this project

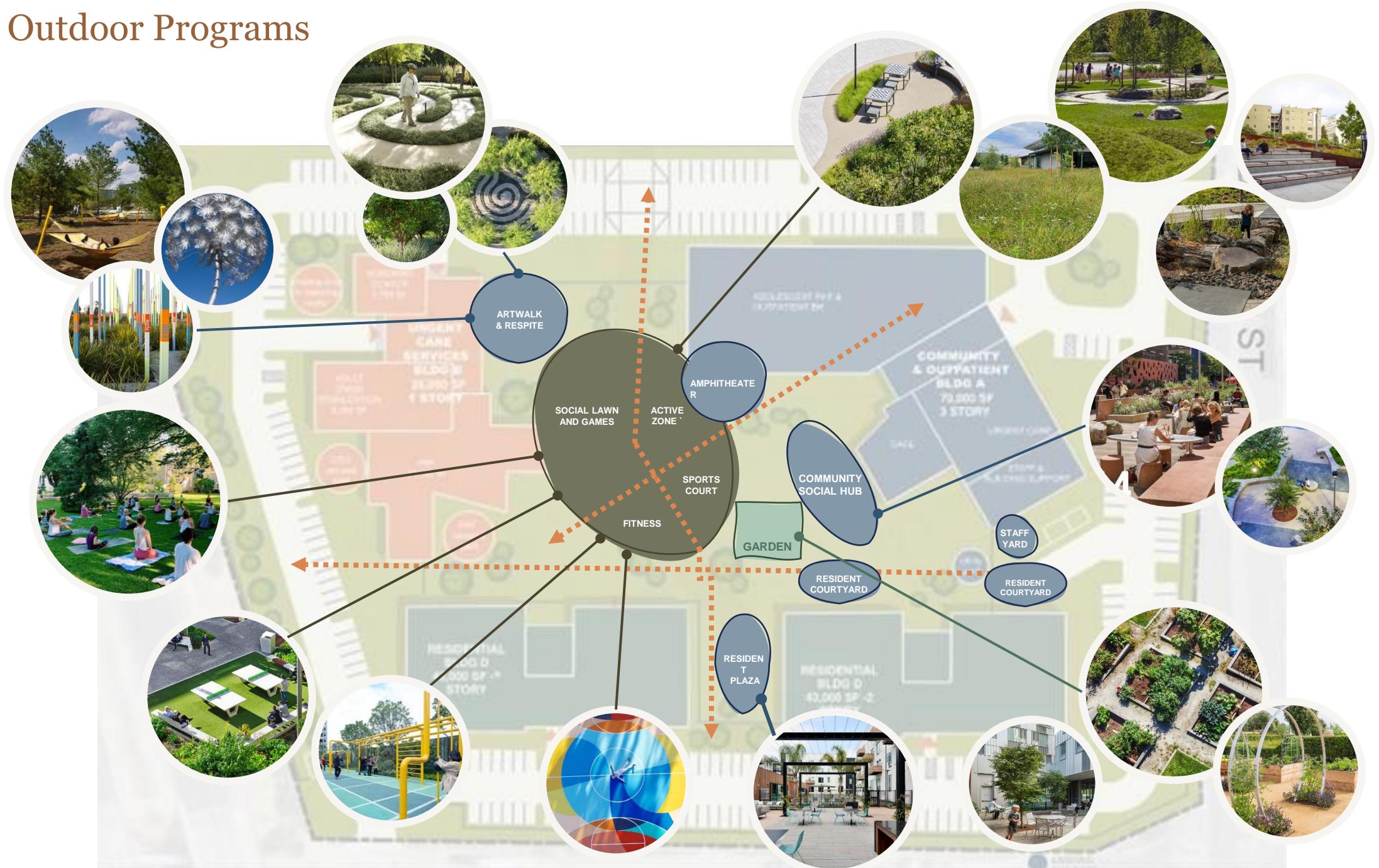
4,800 – 6,000 s.f



**SJ BEWELL CAMPUS**

**CONCEPTUAL SITE PLAN**  
OCTOBER 16, 2025

# Outdoor Programs



## Phase 1: Design Concept

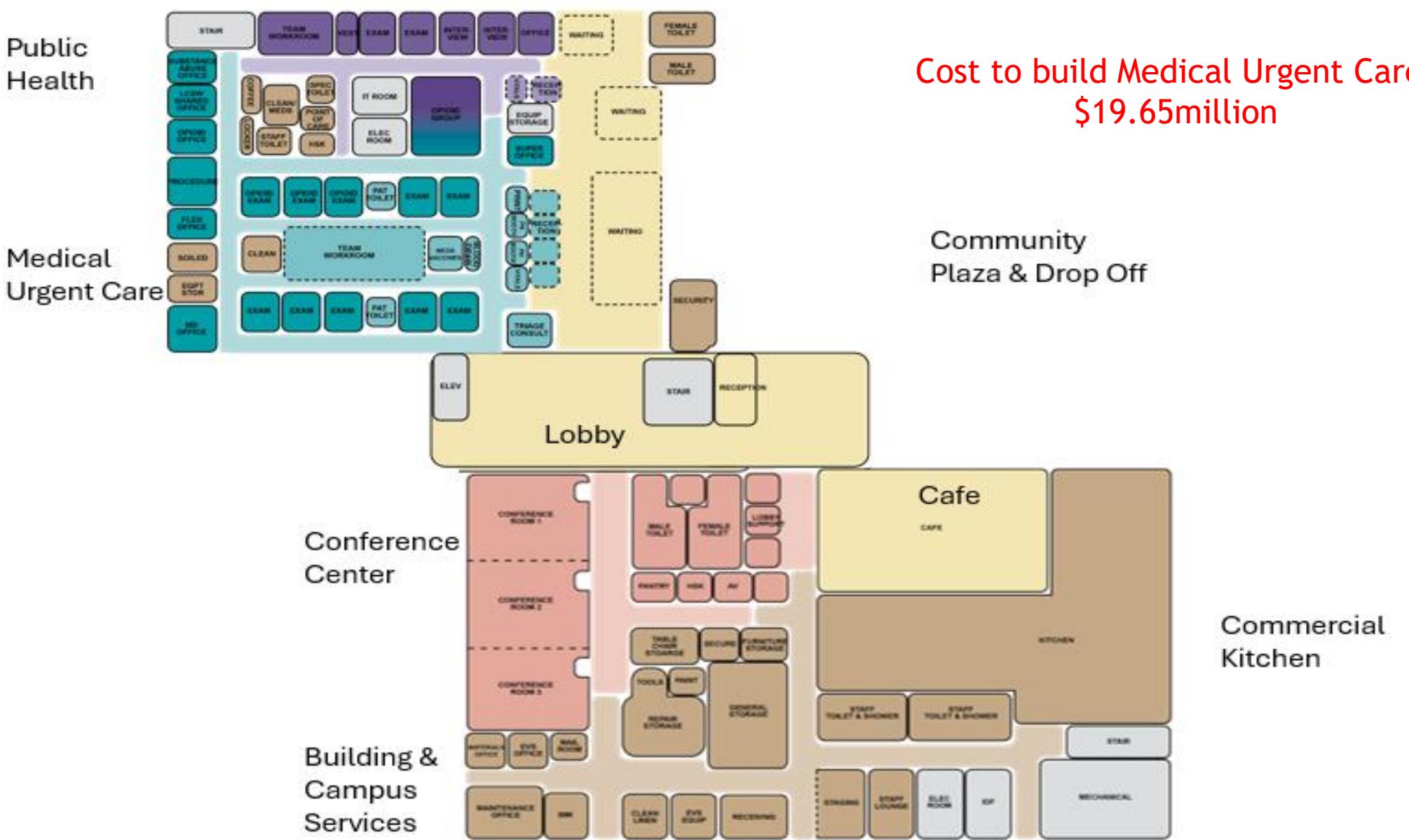


# Phase 1: Design Concept

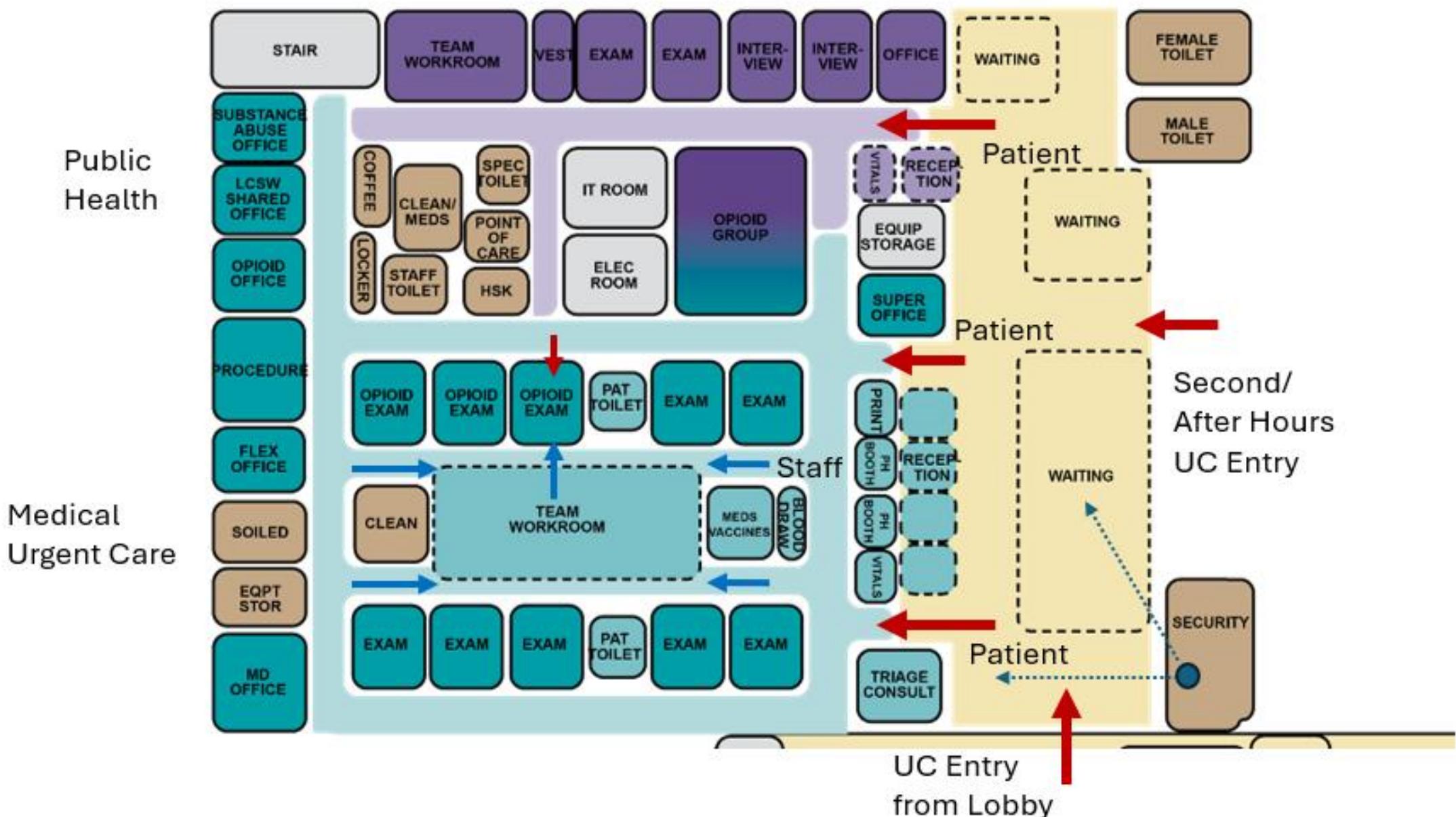
Building A – Community and Outpatient



# Building A 1<sup>st</sup> Floor Spatial Diagram



# 1<sup>st</sup> Floor - Spatial Diagram – Medical Urgent Care



# Phase 1:Design and Construction RFP awarded partnership

## HMH Joint Venture

Herrero Builders and McGuire Hester have collaborated on major projects for more than 20 years. HMH has assembled a team of industry leaders dedicated to behavioral health infrastructure.



**SJ BeWell Campus**  
San Joaquin County Health Care Services

### OUR COLLECTIVE TEAM EXPERIENCE

**1,300+** **\$7 B+** **80+**

HEALTHCARE &  
CAMPUS PROJECTS

IN DESIGN-BUILD  
& IPD PROJECTS

BEHAVIORAL  
HEALTH FACILITIES

## Phase 1 Milestones

- Groundbreaking in September 2025
- Grading and site work permits approved and underground utilities has begun
- Design status:
  - Building B - 85%
  - Building C - 60%
  - Building D - 30%
  - Building A - 30% (temporarily paused to allow for additional program development and validation)

# BEHAVIORAL HEALTH CAMPUS – FUNDING (Phase 1 only)

Estimated Phase 1 Costs - \$288.0 million

BOS Approved Project Budget - \$261.8 million

## Secured Funding:

| Source  | Amounts (rounded)    |
|---|----------------------|
| San Joaquin Health Centers Match Funds                      | \$450,000            |
| BHCIP Round 5 Grant Award                                   | \$11,600,000         |
| Assembly Bill 179 Budget Act of 2022 Legislative Priorities | \$9,000,000          |
| Senator Feinstein to Public Health                          | \$3,000,000          |
| Opioid Settlement Funds - Abatement                         | \$11,700,000         |
| Opioid Settlement Funds - Subdivision                       | \$3,400,000          |
| Opioid Settlement Funds - Bankruptcy                        | \$724,000            |
| Health Plan of San Joaquin                                  | \$25,000,000         |
| Sutter Health Match Funds                                   | \$1,000,000          |
| BHCIP: Prop 1 Launch Ready Grant                            | \$137,500,000        |
| <b>Total Available Funding</b>                              | <b>\$203,374,000</b> |



# BEHAVIORAL HEALTH CAMPUS – FUNDING (Phase 1 only)

## Additional Funding Being Pursued:

| Funds being Pursued   | Amounts              |
|---|----------------------|
| BHSA Capital Projects Account (Behavioral Health Services Act/Mental Health Services Act) | \$7,000,000          |
| County Facility Fees  | \$51,400,000         |
| Tobacco Settlement Funds – Capital Outlay   | \$25,900,000         |
| Projected Opioid Settlement Funds   | \$10,528,502         |
| Sutter Health Foundation Grant  | \$18,000,000         |
| <b>Total Funds Being Pursued</b>  | <b>\$112,828,500</b> |



We are actively looking for partnerships with foundations or endowments who would be interested in assisting with outdoor space costs.

These partnerships would include: memorial fountain, benches, trees, etc.

# BEHAVIORAL HEALTH CAMPUS – FUNDING (Phase 2 only)

Estimated Phase 2(A/B) Costs - \$130.8 million

BOS Approved Project Budget - TBA

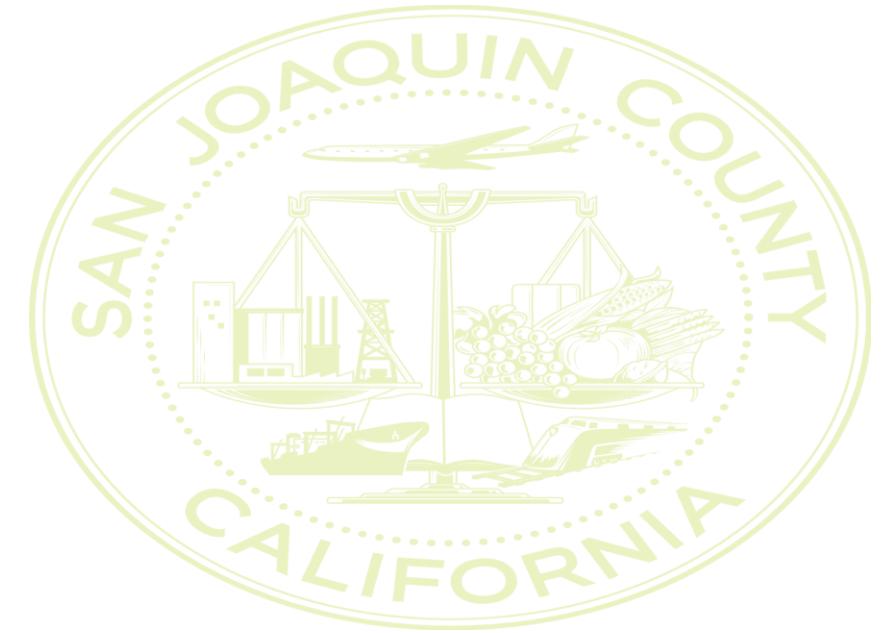
Funding being pursued:

| Source                                  | Amounts (rounded)    |
|---|----------------------|
| BHCIP Prop 1: Round 2                   | \$93,500,000         |
| County General Fund (for project match) | \$6,000,000          |
| HHAP 5 Community Grant                  | \$1,400,000          |
| Sutter Health Community Grant           | \$18,000,000         |
|   |                      |
|   |                      |
| <b>Total Funding being pursued</b>      | <b>\$118,900,000</b> |



# Project Completion Goals:

- **Phase 1:**
  - Building B opening in July 2027
  - Building C opening in September 2027
  - Building D opening in January 2028
  - Building A opening in July 2028
- **Phase 2:**
  - Tiny Homes opening in January 2028
  - Buildings F/G opening in July 2028
  - Building E opening in January 2029



# BeWell CAMPUS – QUALITY OUTCOMES – PHASE 1



| Measure Name   | AKA | Measure Description  |
|--|-----|--|
| Follow-Up After Hospitalization for Mental Illness             | FUH | <p>The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider. Two rates are reported:</p> <ol style="list-style-type: none"> <li>1. The percentage of discharges for which the member received follow-up within 30 days after discharge.</li> <li>2. The percentage of discharges for which the member received follow-up within 7 days after discharge.</li> </ol>  |
| Follow-Up After Emergency Department Visit for Mental Illness  | FUM | <p>The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness. Two rates are reported:</p> <ol style="list-style-type: none"> <li>1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).</li> <li>2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).</li> </ol>   |
| Follow-Up After High-Intensity Care for Substance Use Disorder | FUI | <p>The percentage of acute inpatient hospitalizations, residential treatment or withdrawal management visits for a diagnosis of substance use disorder among members 13 years of age and older that result in a follow-up visit or service for substance use disorder. Two rates are reported:</p> <ol style="list-style-type: none"> <li>1. The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 30 days after the visit or discharge.</li> <li>2. The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 7 days after the visit or discharge.</li> </ol> |
| Follow-Up After Emergency Department Visit for Substance Use   | FUA | <p>The percentage of emergency department (ED) visits among members 13 years and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up. Two rates are reported:</p> <ol style="list-style-type: none"> <li>1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).</li> <li>2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).</li> </ol>  |

# BEHAVIORAL HEALTH CAMPUS – QUALITY OUTCOMES – PHASE 1



| Measure Name   | AKA | Measure Description  |
|--|-----|--|
| Pharmacotherapy for Opioid Use Disorder  | POD | The percentage of opioid use disorder (OUD) pharmacotherapy events that lasted at least 180 days among members 16 years of age and older with a diagnosis of OUD and a new OUD pharmacotherapy event.  |
| Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions | FMC | The percentage of emergency department (ED) visits for members 18 years of age and older who have multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit.   |
| Adherence to Antipsychotic Medications for Individuals With Schizophrenia                        | SAA | The percentage of members 18 years of age and older during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.  |
| Use of High-Risk Medications in Older Adults   | DAE | <p>The percentage of Medicare members 67 years of age and older who had at least two dispensing events for the same high-risk medication. Three rates are reported:</p> <ol style="list-style-type: none"> <li>1. The percentage of Medicare members 67 years of age and older who had at least two dispensing events for high-risk medications to avoid from the same drug class.</li> <li>2. The percentage of Medicare members 67 years of age and older who had at least two dispensing events for high-risk medications to avoid from the same drug class, except for appropriate diagnoses.</li> <li>3. Total rate (the sum of the two numerators divided by the denominator, deduplicating for members in both numerators).</li> </ol> <p>The measure reflects potentially inappropriate medication use in older adults, both for medications where any use is inappropriate (Rate 1) and for medications where use under all but specific indications is potentially inappropriate (Rate 2).</p> <p><b>Note:</b> A lower rate represents better performance.</p> |
| Deprescribing of Benzodiazepines in Older Adults   | DBO | The percentage of members 67 years of age and older who were dispensed benzodiazepines and achieved a 20% decrease or greater in benzodiazepine dose (diazepam milligram equivalent [DME] dose) during the measurement year.   |

## BeWell Campus Benefits to SJHC/SJCC (community at large)



- **New Access Point with expanded hours (7a-7p Monday – Saturday)**
- **First Urgent Care in this part of the county**
- **Primarily provider of Opioid Outpatient Services on the Campus (extended Addiction medicine treatment opportunities)**
- **New Service Line: Coordination with BHS on Sobering Center**
- **Partnership with PHS/BHS on Mobile Outreach, Street Medicine, and Health Education (including ECM/CSS)**
- **Expanded services for STD treatment**
- **Onsite partnership with PHS on WIC linkage and supports**
- **Onsite Lab draws**
- **MHRC/24hr Services will require Medical Supports and Consultation**
- **Increased QIP/HEDIS scores**

# BeWell Campus Benefits to SJHC/SJCC (community at large)



- **Expanded access points with extended hours (7 AM–7 PM, Mon–Sat)** in an underserved area; first urgent care clinic in this part of the county
- **Reduced emergency department utilization** by diverting low- and moderate-acuity medical and behavioral health cases
- **Integrated addiction and behavioral health services**, including MAT, Sobering Center medical support, and MHRC/24-hour service consultation
- **Whole-person, community-based care model** through on-site lab services, wound care, STD treatment, WIC linkage, ECM/CS, mobile outreach, and street medicine
- **Improved quality and financial performance**, including stronger HEDIS/QIP outcomes, improved care gap closure, and alignment with CalAIM and County priorities

# SJHC Urgent Care ROI



## Key Assumptions

- **Annual base salary expense: \$2,086,656**
- **Benefits, payroll taxes, and overhead modeled as a flat 60% load on salary**
- **Visit volume assumed at 1,525 visits per month (18,300 annually)**
- **PPS sensitivity modeled at \$300 and \$340**
  - To give an expected range
- **Capital investment assumed at \$19.6M**

## Annual Operating Cost Calculations

- Base salaries: \$2,086,656
- Benefits and overhead (60%) of staffing: \$1,251,994
- Total estimated annual operating cost: \$3,338,650



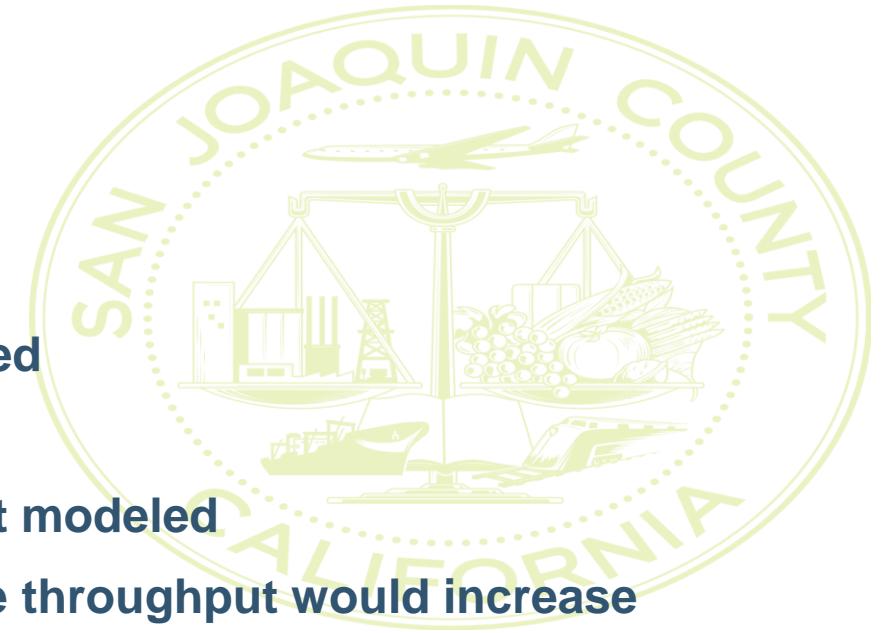
## Revenue and ROI Scenarios

- Annual visits: 18,300
- Revenue @ \$300 PPS: \$5.49M | Net margin: \$2.15M | ROI: ~11%
- Revenue @ \$340 PPS: \$6.22M | Net margin: \$2.88M | ROI: ~15%
- Estimated payback period: 6–9 years

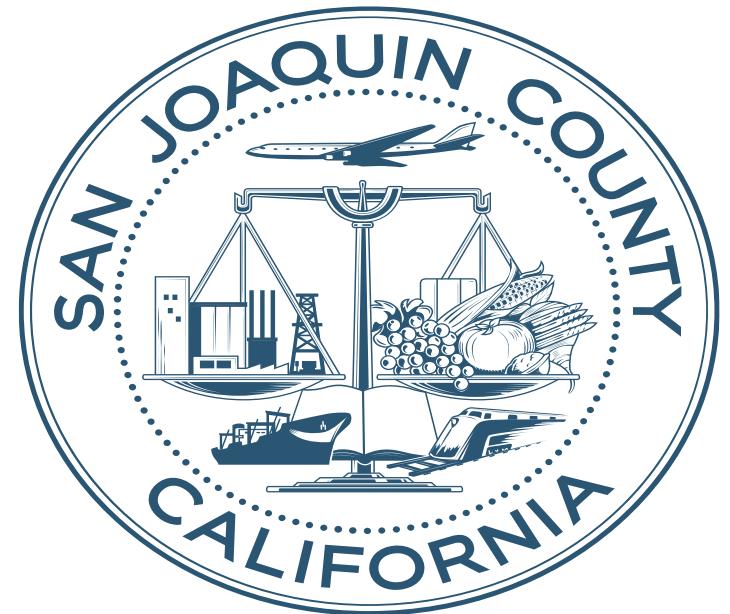


## Additional Context

- Quality Incentive Program (QIP) not included
- sobering center reimbursement (~\$110 per visit) not included
- Supports behavioral health and substance use integration
- Potential ED diversion and downstream system savings not modeled
- Volume assumptions reflect a ramp-up period; mature-state throughput would increase volume without a proportional increase in fixed costs.



# Questions



## **CMO REPORT – JANUARY 2026 (BOARD VERSION)**

Over the past month, we have continued to strengthen clinical operations, workforce capacity, and strategic partnerships across SJ Health. Building on prior discussions, we have a follow-up meeting scheduled with **UC Davis School of Medicine** to further explore the potential development of San Joaquin County as a **regional medical campus**. These discussions remain in the planning phase but represent a meaningful long-term opportunity to support physician workforce development and recruitment.

Recruitment efforts have transitioned from expansion to stabilization. Since the last Board meeting, four nurse practitioners have started across SJ Health, along with a full-time LCSW, significantly strengthening primary care, mobile services, and counseling capacity. An Internal Medicine PGY-3 resident has accepted a conditional job offer. A conditional job offer has also been extended to a Women's Health nurse practitioner, and we are actively working toward a second Women's Health NP offer to further support access in this service line. As most provider positions are now filled, recruitment activity has been intentionally scaled back to targeted, strategic needs.

Daily visit volumes remain strong, consistently exceeding 500 visits per day, despite seasonal illness and the onboarding of new providers. Access remains stable across clinics. This month, we held a Saturday gap clinic led by Dr. K in coordination with the mammography van, providing Pap smears and expanded preventive women's health services during weekend hours to reduce access barriers.

Operationally, follow-up discussions are underway regarding the eConsult platform to advance timely specialty input and reduce unnecessary referrals. In parallel, we have been working closely with Downtown HR to advance a Medical Assistant Specialist role that would function as an MA Supervisor. This position is now moving forward for Board consideration and is intended to strengthen frontline support, consistency, and clinic operations.

Over the past month, our efforts have remained focused on operational stabilization, improving access, advancing quality outcomes, and preparing for strategic growth. Key updates are summarized below.

### **Operational and Access Performance**

Clinic operations continue to strengthen with sustained leadership engagement and standardized workflows. Daily visits for Dec averaged 575, representing a 2% increase from prior month. Year-over-year, December 2025 visits remained consistent with December 2024 (9,985). Slot utilization remains strong at 77% in December (up from 72% last year), reflecting improved scheduling practices and template discipline. No-show rates in December were 22.5%, an improvement from 26% last year.

Key initiatives currently include Luma optimization to facilitate outreach to assigned, unseen, implementation of the CMC dental van at French Camp, Cerner empanelment tool moving to production in mid-January, and a new e-consult program sponsored by HPSJ to enhance timely access to specialty guidance. Referral optimization remains a priority and since April 2025, over 82% of outstanding referrals were closed.

At the Manteca clinics, standardized policies, including dress code and hand hygiene, were implemented, and services were expanded to offer adult primary care, pediatrics, and OB/GYN, establishing all three core service lines at the site. At the Stockton campus, work is underway to standardize exam rooms and intake workflows, add two new full-time pediatricians to improve access, and bring the Every Woman Counts program to expand access to lifesaving breast and cervical cancer screening for low-income women. French Camp clinics strengthened staffing with two family medicine physicians and one nurse practitioner, reestablished the Comprehensive Perinatal Services Program (CPSP), passed the Vaccines for Children (VFC) audit, implemented next-day chart scrubbing, and improved no-show workflows.

For staff engagement, additional initiatives included AIDET training with audits, MA Appreciation Week, ASQ-3 training for residents and MAs to improve developmental screening, clinic environment upgrades, onboarding of new providers, and team-building activities to support morale and retention.

Progress continues on the Lodi Access Center clinic. The architecture agreement is under review with General Services, Capital Projects and Purchasing, with the construction agreement planned for execution immediately thereafter. The lease agreement is also being finalized by General Services and is expected to go before the BOS in early March. Construction of the clinic portion is dependent on the execution of the lease and architecture/construction agreements.

## **Workforce and Recruitment**

Covered in CMO report.

## **Quality and Program Advancement**

Quality initiatives remain strong. Gap-closure activities, incentive-based patient engagement, and targeted provider education continue to drive measurable improvement. In addition, incident reporting and follow-up in Compliatic successfully closed out over 55 incidents.

## **HRSA Compliance**

UDS 2025 reporting efforts have commenced, and full report is on track to be submitted to HRSA in Feb 2026.

The following policies/procedures will need to be reviewed by the Board in 2026:

1. Billing and Collections (Fiscal Policies) – 9/22/2026
2. Sliding Fee Discount Program and Schedule – 11/6/2026

## **Strategic Planning and Partnerships**

Development of the 2026–2028 Strategic Plan is progressing in collaboration with Gary Bess Associates and County partners, with alignment around access, workforce, service excellence, and integration. Governance training and coordination with the County's systemwide integration discussions remain underway. Gary Bess will present draft components to the Board in early Q1 2026.

## **Closing Summary**

The organization continues to make steady, meaningful progress in strengthening operations, improving access and quality outcomes, and advancing long-term strategic alignment. These efforts position us well for continued stabilization and growth in 2026.

